# STATE OF MARYLAND—CERTIFICATE OF DEATH

03405

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

**1. PLACE OF DEATH** (1342)

County Garrett Registration Dist. No. 261

Village or City Mason ds md No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

**2. FULL NAME** Sam C Beuchamp. If U. S. Veteran, specify WAR ...

(a) Residence: No. Mason ds md St., Ward. ...

(Usual place of abode) If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
|---|---|---|
| Mal | Cau | married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ora Beuchamp.

6. DATE OF BIRTH (month, day, and year) Mch 1 ...

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 86? | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. ...

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Watchman R R Comp

10. Date deceased last worked at this occupation (month and year) 1936

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) Md.
(State or country)

FATHER

13. NAME Henry Beuchamp.

14. BIRTHPLACE (city or town) md
(State or country)

MOTHER

15. MAIDEN NAME Harriet Beall

16. BIRTHPLACE (city or town) md.
(State or country)

17. INFORMANT Ora Beuchamp.
(Address) Mason md

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Lucas Cemetery Date May 6, 1940

19. UNDERTAKER George W Teichmann
(Address) Mason Ds

20. FILED 3/4, 1940 Eureka B Lawson
Registrar.

## MEDICAL CERTIFICATE OF DEATH

**21. DATE OF DEATH**
Mch. (Month) 3 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1940, to Mch 3, 1940

I last saw h... alive on Mch 2, 1940; death is said to have occurred on the date stated above, at 9 A m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acut Dil 7 Inst | |
| Uremia | Mch 3-40 |
| | |
| | |
| | |

Other Contributory Causes of Importance:

Generalized Edema
Chron Myocarditis Chron Ort nephritis

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Geo C Beuchamp M. D.

(Address) Mason ds md

*If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.*

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Arteriosclerosis* | *1915* |
| *Chronic interstitial nephritis* | *1921* |
| *Cerebral hemorrhage* | *July 5, 1927* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gallstones* | *May 1, 1923* |
| | |
| | |

**Example II**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Attack of epilepsy* | *1 week ago* |
| *Run over by street car* | *1 week ago* |
| *Peritonitis* | *3 days ago* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gastroenteritis* | *1 year* |
| | |
| | |

RECEIVED
APR 9 1928
BUREAU V. S.

**ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN**

# STATE OF MARYLAND—CERTIFICATE OF DEATH

03406

**1. PLACE OF DEATH**

County Somerset Registration Dist. No. 261

Village or City Mount Sta Md No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

**2. FULL NAME** Moody Bivens If U. S. Veteran, specify WAR no social security no

(a) Residence: No. Marion Md St., Ward.

(Usual place of abode) If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX male

4. COLOR OR RACE Col

5. ~~SINGLE, MARRIED~~, WIDOWED, OR DIVORCED (write the word) Mdmud

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ella Bivens

6. DATE OF BIRTH (month, day, and year) Aug 17 - 1894

7. AGE Years 35 Months 6 Days 14 If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Laborer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Laborer

10. Date deceased last worked at this occupation (month and year) sept 1939

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Deal Island Somerset Co Md

FATHER

13. NAME George Ballard

14. BIRTHPLACE (city or town) (State or country) Deal Island Somerset Co Md

MOTHER

15. MAIDEN NAME Lucinda Bivens

16. BIRTHPLACE (city or town) (State or country) Deal Island Md Somerset Co

17. INFORMANT (Address) Lucinda Bivens Marion Md

18. BURIAL, CREMATION, OR REMOVAL Place Burial Branch Cemetery Marion Md Date Mar 3, 1940

19. UNDERTAKER (Address) Chas H Ward Marion Md

20. FILED 3/2, 1940 Aurelia B. Lawson Registrar.

## MEDICAL CERTIFICATE OF DEATH

**21. DATE OF DEATH** March (Month) 1 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1939, to Mch 1, 1940

I last saw him alive on Oct, 19___; death is said to have occurred on the date stated above, at 5.50 A m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Dis of Heart | |
| Other Contributory Causes of Importance: | |
| Pulmonary Tuberculosis | 1938 |

Name of operation ___ Date of ___

What test confirmed diagnosis? ___ Was there an autopsy? ___

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ___ Date of Injury ___, 19___

Where did injury occur? ___ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased? ___

If so, specify ___

(Signed) George C. Cochran M. D.

(Address) Marion Md

*If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.*

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | |
|---|---|---|---|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| *Arteriosclerosis* | *1915* | *Attack of epilepsy* | *1 week ago* |
| *Chronic interstitial nephritis* | *1921* | *Run over by street car* | *1 week ago* |
| *Cerebral hemorrhage* | *July 5, 1927* | *Peritonitis* | *3 days ago* |
| | | | |
| | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| *Gallstones* | *May 1, 1923* | *Gastroenteritis* | *1 year* |
| | | | |
| | | | |

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

OUTSIDE CORPORATE LIMITS OF

(167)

03407

# CERTIFICATE OF DEATH

Reg. Dist. No. 270

**1. PLACE OF DEATH:**
County: Somerset
City or town: Westover
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)
State: Md County: Somerset
City or town: Westover Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

**3. (a) FULL NAME:** Charles Broxton

**3. (b) Social Security Number:** None

4. Sex: M
5. Color or race: Col
6. (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife: ✓
6(c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.): Jan 16 1923
8. AGE: Years 17 Months 2 Days 7 If less than one day hrs. min.
9. Birthplace: Westover, Somerset, Md (Town, county, and state)
10. Usual occupation: Farm labor
11. Industry or business
FATHER
12. Name: Oden Broxton
13. Birthplace: Somerset County Md
MOTHER
14. Maiden name: Gertrude Havert
15. Birthplace: Jamestown, Md
16. Informant: Gertrude Broxton
Address: Westover Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Mch 24 1940 (month) (day) (year)
Cemetery or crematory: Lawsonia Cemetery
Location: Crisfield Md
18. Funeral director: John A. Bradshaw
Address: Crisfield Md
19. Mch 23, 1940 (Date rec'd by registrar) C. E. Collins Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Mch 23 1940, at (?) M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 ,
and that I last saw h — alive on — 19 .
Immediate cause of death: Cerebral Hemorrhage due to Stab wound with Sharp Instrument in Left-Temporal region
Due to: Homicidal
Due to: Severed Middle Meningeal
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations: Finding, at inquest: murder homicide. CWGR
Of autopsy: Same as above

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide (?) homicide Date of 3/22/40
Where did injury occur? Westover (City or town) Somerset (County) Md (State)
Injured at home, farm, industry, public place (where?) at Neighbors
Means of injury: Stab wound Head
Injured at work?
23. SIGNATURE: Wm H Coulbourn M D M. D. or other
Address: Crisfield Md Date signed 3/24/40
Deputy Medical Examiner Somerset

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
APR 5 1940
BUREAU V. S.

WITHIN CORPORATE LIMITS OF

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83a)

## CERTIFICATE OF DEATH

03408

Reg. Dist. No. 265

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

**1. PLACE OF DEATH:**

County: Somerset

City or town: Crisfield Md.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days):

**2. USUAL RESIDENCE (HOME) OF DECEASED:**

(For newborn infants give residence of mother)

State: Md. County: Somerset

City or town: Crisfield Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Cor. Somerset Ave & Cove St

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

**3. (a) FULL NAME** Dencilla F. Conner

**3. (b) Social Security Number** None

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| Female | White | Widow |

6 (b) Name of husband or wife: Joseph W. Conner

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Sept. 28th 1859

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 80 | 6 | one | hrs. min. |

9. Birthplace: Md. (Town, county, and state)

10. Usual occupation: Housekeeper

11. Industry or business:

FATHER 12. Name: James "Corbin"

13. Birthplace: Md.

MOTHER 14. Maiden name: Mary A. Matthews

15. Birthplace: Md.

16. Informant: Mr. Lake Conner

Address: Marion Sta. Md.

17. Burial (Burial, cremation, or removal, which?) Date thereof Mar. 31st 40 (month) (day) (year)

Cemetery or crematory: St. Pauls Cemetery

Location: near Marion, Md.

18. Funeral director: J. S. Lawson & Son.

Address: Crisfield. Md.

19. Nov. 30, 19 40 (Date rec'd by registrar) C. E. Collins Registrar

**MEDICAL CERTIFICATION**

20. DATE OF DEATH March 29th 1940, at 12 M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 27 1940, to Mar 29 1940, and that I last saw her alive on March 28 1940.

| Immediate cause of death | DURATION |
|---|---|
| Cerebral Hemorrhage | 2 days |
| Due to Arteriosclerosis | ? |
| Due to | |
| Other conditions | |

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

**PHYSICIAN**

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE Sarah M. Payton M.D

M. D. or other

Address Crisfield Md Date signed Mar 30

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APR 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (170)

# CERTIFICATE OF DEATH

03409

Reg. Dist. No. 265

WITHIN CORPORATE LIMITS OF

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

**1. PLACE OF DEATH:**
County Somerset
City or town Crisfield
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 66 yrs

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)
State Maryland County Somerset
City or town Crisfield Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

**3. (a) FULL NAME** Sarah Costen

**3. (b) Social Security Number**

4. Sex: Female
5. Color or race: Negro
6. (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: James Costen
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): Unknown
8. AGE: Years: About 66 yrs. Months: - Days: - If less than one day: ____ hrs. ____ min.
9. Birthplace: Near Crisfield Md (Town, county, and state)
10. Usual occupation: House Keeper
11. Industry or business: House Keeping
FATHER 12. Name: Silas Johnson
FATHER 13. Birthplace: Unknown
MOTHER 14. Maiden name: Leah Lewis
MOTHER 15. Birthplace: Unknown
18. Informant: Emma Smith
Address: Crisfield Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof March 18 1940 (month) (day) (year)
Cemetery or crematory: Lawsonia
Location: Crisfield
18. Funeral director: Chas. H. Ward
Address: Marion Md.
19. March 17, 1940 (Date rec'd by registrar) C. E. Collins Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH March 16 1940, at 5:50 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 28 1940, to March 16 1940, and that I last saw h alive on March 15 1940.

Immediate cause of death: Gangrene of foot — DURATION: June 28 March 16, 1940
Due to: Paralysis & Frostbite
Due to: Hemorrhage & Effusion
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

**PHYSICIAN**
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE W. J. Barkley M.D.
M. D. or other
Address Crisfield Md Date signed

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APR 5 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

83a

03410

## CERTIFICATE OF DEATH

Reg. Dist. No. 260

**1. PLACE OF DEATH:**

County Somerset

City or town Princess Anne, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: ✓

Stay in hospital or inst. (yrs., or mos., or days) ✓

Stay in this community (yrs., or mos., or days) ✓

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)

State Maryland County Somerset

City or town Princess Anne Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. ✓
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR ✓

3. (a) FULL NAME Ruby Doane

3. (b) Social Security Number

4. Sex Female

5. Color or race Black

6. (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife George Dennis

6(c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) March 10, 1895

8. AGE: Years 45 Months ✓ Days 4 If less than one day ___ hrs. ___ min.

9. Birthplace Princess Anne, Md.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Sam Henry Doane
13. Birthplace Princess Anne Md

MOTHER
14. Maiden name Cynthia Wright
15. Birthplace Princess Anne, Md.

16. Informant Jane Doane
Address Princess Anne Md

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof March 17, 1940
(month) (day) (year)

Cemetery or crematory Oakville Cemetery

Location Princess Anne Md.

16. Funeral director Dale Dashiell

Address Princess Anne, Md.

19. 3/17 1940 (Date rec'd by registrar) T J Smith Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH Mch. 14 1940, at 1 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ___ 19___, to ___ 19___, and that I last saw h___ alive on ___ 19___.

Immediate cause of death Cerebral Hemorrhage

DURATION

Due to Dem Know

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

**PHYSICIAN**

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE T J Smith M. D. or other

Address Princess Anne Md. Date signed 3/17-40

RECEIVED
APR 8 1940
BUREAU V. S.

OUTSIDE CORPORATE LIMITS OF

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (85)

## CERTIFICATE OF DEATH

03411

Reg. Dist. No. 270

**1. PLACE OF DEATH:**
County: Somerset
City or town: Crisfield, Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days):

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)
State: Maryland, County: Somerset
City or town: Crisfield, Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.:
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

**3. (a) FULL NAME:** Samuel Elliott, Jr.

**3. (b) Social Security Number:** None

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| Male | Wh | Single |

6 (b) Name of husband or wife:
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Oct. 9, 1926

8. AGE: Years: 13 | Months: 4 | Days: 24 | If less than one day: hrs. min.

9. Birthplace: Crisfield, Md. (Town, county, and state)

10. Usual occupation: None

11. Industry or business:

FATHER
12. Name: Samuel Elliott, Sr.
13. Birthplace: Crisfield, Md.

MOTHER
14. Maiden name: Nellie Johnson
15. Birthplace: Deals Island

16. Informant: Samuel Elliott, Sr.
Address: Crisfield, Md.

17. Burial, cremation, or removal. Which?: Burial
Date thereof: Mar. 6, 1940 (month) (day) (year)
Cemetery or crematory: Mariners
Location: Near Crisfield

18. Funeral director: John A. Bradshaw
Address: Crisfield, Md.

19. Mar. 6, 1940 (Date rec'd by registrar)
C. E. Collins, Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH: March 3, 1940, at 2 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mar. 1, 1940, to Mar. 3, 1940 and that I last saw him alive on Mar. 2, 1940.

Immediate cause of death: Status Epilepticus — DURATION:
Due to: Epilepsy
Due to:
Other conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

**PHYSICIAN**
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur?: (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Sarah M. Peyton, M. D. or other
Address: Crisfield, Md. Date signed:

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(131P)

03412

# CERTIFICATE OF DEATH

Reg. Dist. No. 260

**1. PLACE OF DEATH:**

County Somerset

City or town Westover

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

**2. USUAL RESIDENCE (HOME) OF DECEASED:**

(For newborn infants give residence of mother)

State Md. County Somerset

City or town Westover Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Effie M. Farley

3. (b) Social Security Number None

4. Sex Female

5. Color or race white

6. (a) Single, married, widowed, or divorced married

6 (b) Name of husband or wife John B. Farley

6(c) If alive, give age 72 years

7. Birth date of deceased (mo., day, yr.) Sept 8, 1887

8. AGE: Years 52 Months 6 Days 17 If less than one day ___ hrs. ___ min.

9. Birthplace Westover (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business "

FATHER

12. Name Thomas J. Bozman

13. Birthplace Westover Md.

MOTHER

14. Maiden name CORNELIA SUMMERS

15. Birthplace FAIRMOUNT, MD

16. Informant John B. Farley

Address Westover Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof March 27, 1940 (~~month~~) (day) (year)

Cemetery or crematory Episcopal cemetery

Location Princess Anne Md.

18. Funeral director Dale Dashiell

Address Princess Anne Md.

19. 3/25 1940 (Date rec'd by registrar) G. J. Smith Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Mch 25 1940, at 1 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mch 24 1940, to Mch 25 1940, and that I last saw her alive on Mch 25 1940.

Immediate cause of death Acute Dil of Heart Cerebral Hemorrhage

Due to Artic Sclerosis

Due to Chronic Int Nephritis Chronic Myocarditis

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE George Clevelin M D M. D. or other

Address Marion Sta Md Date signed Mch 25 40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

(M)

(T)

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

03413

Reg. Dist. No. 268

WITHIN CORPORATE LIMITS OF

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

**1. PLACE OF DEATH:**
County: Somerset
City or town: Crisfield
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days):

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)
State: Md. County: Somerset
City or town: Crisfield Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

**3. (a) FULL NAME** William J. Ford.

**3. (b) Social Security Number** None

**4. Sex** Male

**5. Color or race** White

**6.(a) Single, married, widowed, or divorced** Married

6 (b) Name of husband or wife: Ella E. Ford.

6(c) If alive, give age: 74 years

**7. Birth date of deceased (mo., day, yr.)** Feb 11th 1849

**8. AGE:** Years: 91 | Months: 1 | Days: 14 | If less than one day: ____ hrs. ____ min.

9. Birthplace: Somerset Co. Md.
(Town, county, and state)

10. Usual occupation: began as Sailor in late years Farmer

11. Industry or business:

FATHER
12. Name: Daniel J. Ford.
13. Birthplace: Md.

MOTHER
14. Maiden name: Mary A. Ford.
15. Birthplace: Va.

16. Informant: Mrs. Ella E. Ford.
Address: Crisfield, Md.

17. Burial / (Burial, cremation, or removal. Which?) Date thereof: March 27/40 (month) (day) (year)

Cemetery or crematory: Sunny Ridge

Location: near Crisfield

18. Funeral director: J. S. Lawson & Son

Address: Crisfield, Md.

19. Mch. 26 1940 C. E. Collins
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH: March 25th 1940, at 6 A M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from March 6 1940, to March 25 1940, and that I last saw him alive on March 24 1940.

| | DURATION |
|---|---|
| Immediate cause of death: Cerebral hemorrhage | 2 days |
| Due to: Cerebral arteriosclerosis | |
| Due to: | |
| Other conditions: | |

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

**PHYSICIAN**
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Samuel M. Peyton M. D.
M. D. or other
Address: Crisfield, Md. Date signed: Mar 25

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# STATE OF MARYLAND—CERTIFICATE OF DEATH

03414

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

**1. PLACE OF DEATH**

County Somerset Registration Dist. No. 268

Village or City Chance No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

**2. FULL NAME** Adeline Gail If U. S. Veteran, specify WAR

(a) Residence: No. Chance St., Ward.

(Usual place of abode) If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
|---|---|---|
| Female | Col. | Widowed |

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of William Gale

6. DATE OF BIRTH (month, day, and year) Unknown

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| About 83 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Domestic.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Deals Island Maryland.

FATHER

13. NAME Sandy Howard.

14. BIRTHPLACE (city or town) (State or country) Deals Island Maryland.

MOTHER

15. MAIDEN NAME Betsy ?

16. BIRTHPLACE (city or town) (State or country) Deals Island Maryland.

17. INFORMANT (Address) Jennie Carter Chance, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Chance, Md. Date March 31st 1940

19. UNDERTAKER (Address) J. Edgar Thomas, Jr. Accomac, Va.

20. FILED Mch 28, 1940 Rosa V. Webster Registrar.

## MEDICAL CERTIFICATE OF DEATH

**21. DATE OF DEATH** March (Month) 27th (Day) 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from March 23, 1940, to March 25, 1940.

I last saw h. alive on March 25, 1940; death is said to have occurred on ~~this date~~ Mar. 27 stated above, at 8:40 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arteriosclerosis | 1930 |
| Cerebral Hemorrhage | 3-27- |
| Other Contributory Causes of Importence: | |
| Hypertensive Heart disease | 1936 |
| Bronchitis | 3-20-40 |

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Neture of Injury

24. Wes disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Victor L. Stanton M. D.

(Address) Deal Island, Md.

*If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.*

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Arteriosclerosis* | *1915* |
| *Chronic interstitial nephritis* | *1921* |
| *Cerebral hemorrhage* | *July 5, 1927* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gallstones* | *May 1, 1923* |
| | |
| | |

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APR 8 1940
BUREAU V. S.

**Example II**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Attack of epilepsy* | *1 week ago* |
| *Run over by street car* | *1 week ago* |
| *Peritonitis* | *3 days ago* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gastroenteritis* | *1 year* |
| | |
| | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

03415

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (110a)

## CERTIFICATE OF DEATH

Reg. Dist. No. 260

**1. PLACE OF DEATH:**
County Somerset
City or town Westover
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days) ✓
Stay in this community (yrs., or mos., or days) ✓

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)
State Maryland County Somerset
City or town Westover Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. ✓
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR ✓

3. (a) FULL NAME Wesley Gordy

3. (b) Social Security Number

4. Sex Male
5. Color or race Colored
6. (a) Single, married, widowed, or divorced Single
6 (b) Name of husband or wife ✓
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.) 2
8. AGE: Years 25 Months 2 Days 2 If less than one day ____ hrs. ____ min.
9. Birthplace Maryland (Town, county, and state)
10. Usual occupation Laborer Farm
11. Industry or business
FATHER 12. Name John E. Gordy
13. Birthplace Maryland
MOTHER 14. Maiden name Mary E Pinkett
15. Birthplace Maryland
16. Informant Mary E. Gordy
Address Westover Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof 3/19-40 (month) (day) (year)
Cemetery or crematory Westover Md.
Location Westover Md.
18. Funeral director Jas I. Dennis
Address Pr. Anne Md
19. 3/18 1940 (Date rec'd by registrar) T J Smith Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH Mch 16 1940, at 6.30 P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__ to ____ 19__, and that I last saw h____ alive on ____ 19__.
Immediate cause of death
Broken neck & head injuries.
Due to
Due to (Auto & train accident)
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Accident Date of 3/16/40
Where did injury occur? Westover (City or town) Somerset (County) Md (State)
Injured at home, farm, industry, public place (where?) Highway
Means of injury train & auto Injured at work? ✓
23. SIGNATURE Henry M. Lankford M.D. M.D. or other
Address Princess Anne Md Date signed 3/18/40

HENRY M. LANKFORD, M.D. Deputy Medical Examiner for Somerset County

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (946)

# CERTIFICATE OF DEATH

03416

Reg. Diat. No. 269

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

**1. PLACE OF DEATH:**
County Somerset
City or town Champ
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)
State Md County Somerset
City or town Champ Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

**3. (a) FULL NAME** William Thomas Heath

**3. (b) Social Security Number** 219-03-6695

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| Male | white | Married |

6 (b) Name of husband or wife Mae B. Heath
6(c) If alive, give age 55 years

7. Birth date of deceased (mo., day, yr.) January 28, 1884

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 56 | 2 | 3 | hrs. min. |

9. Birthplace Monie, Somerset, Md.
(Town, county, and state)
10. Usual occupation Waterman
11. Industry or business
FATHER 12. Name Jub. Heath
13. Birthplace unknown
MOTHER 14. Maiden name Sarah E. Hopkins
15. Birthplace Unknown
16. Informant Mae Heath
Address Champ Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof April 2 1940 (month) (day) (year)
Cemetery or crematory Cemetery
Location Oriole Maryland
18. Funeral director Dale Dashiell
Address Princess Anne, Md.
19. April 2 1940 (Date rec'd by registrar) Wm S. Bennett Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Mch ~~Oct~~ 31st 1940, at 8 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 24 1940, to March 31 1940, and that I last saw him alive on March 31 1940.

| Immediate cause of death | Angina Pectoris | DURATION 1 week |
|---|---|---|
| Due to | | |
| Due to | | |
| Other conditions | | |

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

**PHYSICIAN**
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury injured at work?

23. SIGNATURE Dr John P. Ruby M.D. or other
Address Princess Anne Md Date signed April 4 1940

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

55-D

03417

## CERTIFICATE OF DEATH

Reg. Dist. No. 260

**1. PLACE OF DEATH:**

County Somerset

City or town Princess Anne Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 30 yrs.

**2. USUAL RESIDENCE (HOME) OF DECEASED:**

(For newborn infants give residence of mother)

State Md County Somerset

City or town Princess Anne Md Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR none

3. (a) FULL NAME Mable Irene Hickman

3. (b) Social Security Number none

4. Sex Female

5. Color or race white

6. (a) Single, married, widowed, or divorced Married

B (b) Name of husband or wife Harry M. Hickman

6(c) If alive, give age 48 years

7. Birth date of deceased (mo., day, yr.) August 31, 1893

8. AGE: Years 48 Months 6 Days – If less than one day hrs. min.

9. Birthplace Hope Township Midland Michigan (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business "

FATHER 12. Name C. J. Bradd

13. Birthplace Canada

MOTHER 14. Maiden name Clara O. Carmer

15. Birthplace New York

16. Informant Harry M. Hickman

Address Princess Anne Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof March 3rd 1940 (month) (day) (year)

Cemetery or crematory Presperterian cemetery

Location Princess Anne Md

18. Funeral director Dale Dashiell

Address Princess Anne Md

19. 3/3 1940 (Date rec'd by registrar) T J Smith Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH March 1st 1940, at 11 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 1st 1939, to March 1st 1940, and that I last saw her alive on March 1st 1940

Immediate cause of death Generalized Carcinomatosis

Due to Carcinoma Post thoracic glands

Due to Post thoracic gland

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy none

DURATION

Unknown

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Thomas B. Whaley Thos. B. Whaley M.D. M. D. or other

Address Princess Anne Date signed 3/3/40

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

# CERTIFICATE OF DEATH

03418

Reg. Dist. No. 262

**1. PLACE OF DEATH:**

County: Somerset

City or town: Pocomoke City, Md Rk

(If outside city or town limits, write RURAL/NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days):

**2. USUAL RESIDENCE (HOME) OF DECEASED:**

(For newborn infants give residence of mother)

State: Maryland County: Somerset

City or town: Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

**3. (a) FULL NAME:** Stillborn Baby Jones / Horsey

**3. (b) Social Security Number:**

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| Male | Colored | |

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): March 13, 1940

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 0 | 0 | 0 | 0 hrs. 0 min. |

9. Birthplace: Pocomoke City Md Rk

(Town, county, and State)

10. Usual occupation

11. Industry or business

FATHER

12. Name: Johnnie Jones

13. Birthplace: North Carolina

MOTHER

14. Maiden name: Mabel Horsey

15. Birthplace: Costen Station, Maryland

16. Informant: Maggie L. Smith

Address: Westover, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Mar 13 1940 (month) (day) (year)

Cemetery or crematory: Christ M.E. Cemetery

Location: Pocomoke City, Md. Rk

18. Funeral director: Johnnie Jones

Address: Pocomoke City Md

19. Mar 13 1940 (Date rec'd by registrar) Mrs Clayton Davis Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH: March 13 1940, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19, to 19,

and that I last saw h alive on 19.

| Immediate cause of death | DURATION |
|---|---|
| Due to: Stillborn | |
| Due to | |
| Other conditions | |

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

**PHYSICIAN**

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Mrs Clayton Davis Reg M. D. or other

Address: Pocomoke City, Md Date signed Mar 13 1940

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

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APR 5 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (172)

03419

## CERTIFICATE OF DEATH

Reg. Dist. No. 208

**1. PLACE OF DEATH:**

County Somerset

City or town Drals Island

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days) ✓

Stay in this community (yrs., or mos., or days) ✓

**2. USUAL RESIDENCE (HOME) OF DECEASED:**

(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Hoopersville Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Howard H. Johnson

3. (b) Social Security Number

4. Sex Male

5. Color or race Colored

6. (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jun 10, 1910

8. AGE: Years 29 Months 9 Days 22 If less than one day hrs. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual occupation Waterman

11. Industry or business

FATHER 12. Name Ernest E Johnson

13. Birthplace Maryland

MOTHER 14. Maiden name Mary J. Pritchett

15. Birthplace Maryland

16. Informant Frederick E. Johnson

Address Hoopersville Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Mar (month) (day) (year) 1940

Cemetery or crematory

Location

18. Funeral director Lewis H. Bayneum

Address Cambridge, Md.

19. Mch 4 1940 (Date rec'd by registrar) Roger Webster Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH March 2 1940, at 8 P M

21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased from~~ ~~19 , to 19 ,~~ ~~and that I last saw h alive on 19~~

~~Immediate cause of death~~ Accidental drowning

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations ✓

Of autopsy ✓

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 3/2/40

Where did injury occur? Drals Island (City or town) Somerset (County) Md (State)

Injured at home, farm, industry, public place (where?) Industry

Means of injury Fell out of boat Injured at work? No

23. SIGNATURE Henry M. Lankford M.D. M.D. or other

Address Princess Anne Md Date signed 3/4/40

HENRY M. LANKFORD, M.D.
Deputy Medical Examiner
for Somerset County

Rona Webster
Deals Island
Md

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

03420

# CERTIFICATE OF DEATH

Reg. Dist. No. 268

**1. PLACE OF DEATH:**
County Somerset
City or town Princess Anne Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)
State Maryland County Somerset
City or town Princess Anne Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Minnie W. Jones

3. (b) Social Security Number

4. Sex Female
5. Color or race White
6. (a) Single, married, widowed, or divorced Single
6 (b) Name of husband or wife ✓
6(c) If alive, give age ✓ years
7. Birth date of deceased (mo., day, yr.) May 24, 1857
8. AGE: Years 83 Months 10 Days 7 If less than one day hrs. min.
9. Birthplace Princess Anne Md.
(Town, county, and state)
10. Usual occupation Retired School Teacher
11. Industry or business
FATHER 12. Name Alfred H. Jones
13. Birthplace Princess Anne Md.
MOTHER 14. Maiden name Elizabeth Rev. Stewart
15. Birthplace Princess Anne Md.
16. Informant Rachel Stewart
Address Princess Anne Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof April 2, 1940 (month) (day) (year)
Cemetery or crematory Episcopal Cemetery
Location Princess Anne Md.
18. Funeral director Dale Dashiell
Address Princess Anne Md
19. 4/1 1940 (Date rec'd by registrar) T. Smith Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH March 31st 1940, at 7 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19
and that I last saw her alive on March 31st 1940.
Immediate cause of death Senility
Generalized arteriosclerosis
Due to
Due to Fall down steps; in her home.
Other conditions Fracture Femur (rt): due to an accidental fall.
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

DURATION 18 mo.

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Accident. Date of October, 1939.
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) in her home.
Means of injury Accidental fall. Injured at work?

23. SIGNATURE [signature] M. D. or other
Address Pr. Anne Md Date signed 3/31/40

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-B)

03421

## CERTIFICATE OF DEATH

Reg. Dist. No. 261

**1. PLACE OF DEATH:**

County Somerset

City or town Sheeltown, Md
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 51 yrs

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)

State Maryland County Somerset

City or town Sheeltown Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Minnie F. Long

3. (b) Social Security Number ✓

4. Sex Female

5. Color or race White

6. (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Edward T. Long

6(c) If alive, give age 78 years

7. Birth date of deceased (mo., day, yr.) May 31, 1867

8. AGE: Years 72 Months 9 Days 0 If less than one day ___ hrs. ___ min.

9. Birthplace Marumsco, Somerset, Md
(Town, county, and state)

10. Usual occupation Keeping own home

11. Industry or business

FATHER
12. Name Joshua J. Matthews
13. Birthplace Md

MOTHER
14. Maiden name Sarah E. Beauchamp
15. Birthplace Md

16. Informant A. Lloyd Matthews

Address Marumsco, Md

17. Burial
(Burial, cremation, or removal. Which?)

Date thereof March 4-1940
(month) (day) (year)

Cemetery or crematory Rehobeth Baptist Cemetery

Location Rehobeth

18. Funeral director Margarette H. Watson

Address Pocomoke City, Md

19. 3/7 1940 Aurelia B. Lawson
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH Mch 1 1940, at 11 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 15 1940, to Mch 1 1940, and that I last saw her alive on Feb 28 1940.

Immediate cause of death Acute Dis 7 Hrs

Due to Chronic myocarditis Chronic Int nephritis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

Years

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE George C. Coulbourn M D
M. D. or other

Address Marumsco Sta Md. Date signed Mar 2 40

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APR 3 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (170-a)

03422

## CERTIFICATE OF DEATH

Reg. Dist. No. 261

**1. PLACE OF DEATH:**
County Somerset
City or town Westover
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days) 1 hour
Stay in this community (yrs., or mos., or days) 25 yrs

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)
State Md County Somerset
City or town Westover Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

**3. (a) FULL NAME** Artie D Maddox

**3. (b) Social Security Number**

4. Sex: Male
5. Color or race: Colored
6. (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife: single
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.) Mar 2. 1915
8. AGE: Years 25 | Months | Days 14 | If less than one day ____ hrs. ____ min.
9. Birthplace Westover Somerset Co Md (Town, county, and state)
10. Usual occupation Farming
11. Industry or business
FATHER
12. Name Artie M Maddox
13. Birthplace Westover Somerset Co Md
MOTHER
14. Maiden name Rosine Collins
15. Birthplace Westover Somerset Co Md
16. Informant Artie M Maddox
Address Westover Somerset Co Md
17. Burial (Burial, cremation, or removal, Which?) Date thereof Mar 19. 1940 (month) (day) (year)
Cemetery or crematory Curtis Chapel
Location Westover Md
18. Funeral director Chas H Ward
Address Marion Md
19. 3/19 1940 (Date rec'd by registrar) Aurelia B. Lawson Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH March 16 1940 at 6:45 P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dead when I first saw him 19__ to 19__ and that I last saw him alive on 19__.
Immediate cause of death Accidental Collision of auto, Mobile with
Due to Rail Road Train
Due to Caused Fracture of Neck
Other conditions Shock
(Include pregnancy within 8 months of death)
Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide 3.16-40 Date of
Where did injury occur? Westover Crossing Somerset Md (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) R R Crossing
Means of injury R R Train Injured at work?

23. SIGNATURE Wm H. Coulbourne M.D. or other
Address Crisfield Md Date signed 3.18.40
Deputy Medical Examiner for Somerset

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

33-a

03423

# CERTIFICATE OF DEATH

Reg. Dist. No. 268

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

**1. PLACE OF DEATH:**

County: Somerset

City or town: Chance

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 66 yrs

**2. USUAL RESIDENCE (HOME) OF DECEASED:**

(For newborn infants give residence of mother)

State: County:

City or town: Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.:

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

**3. (a) FULL NAME:** Easy Mc Bride

**3. (b) Social Security Number:**

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| Female | Colored | Widowed |

6 (b) Name of husband or wife: Samuel Mc Bride

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): oct 17 1873

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 66 | 4 | 27 | hrs. min. |

9. Birthplace: Damquarter Md (Town, county, and state)

10. Usual occupation: House work

11. Industry or business

FATHER 12. Name: Alfred White

13. Birthplace: Damquarter somerset co md

MOTHER 14. Maiden name: Margaret DeShields

15. Birthplace: Damquarter somerset co md

16. Informant: Marguèt Duggar

Address: Chance somerset co md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: mar 17 1940 (month) (day) (year)

Cemetery or crematory: Chance

Locaiion: Chance md

18. Funeral director: Chas H Ward

Address: Marion Md

19. Mch 17 1940 (Date rec'd by registrar) Ross Webster Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH: March 14th 1940, at 9.30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 7 1940, to March 14 1940, and that I last saw h Cm alive on March 13 1940.

| Immediate cause of death | DURATION |
|---|---|
| Influenza Pneumonia | 10 days |
| Due to | |
| Due to | |
| Other conditions | |

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Elaine G. Mardsman M. D. or other

Address: Princess Anne, Md. Date signed: 3-14-40

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BUREAU V. S.

# STATE OF MARYLAND—CERTIFICATE OF DEATH

03424

**1. PLACE OF DEATH** (191-b)

County Somerset Registration Dist. No. 261

Village or City Marion Sta Md No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

**2. FULL NAME** Adelina Outten If U. S. Veteran, specify WAR

(a) Residence: No. Marion Md St., Ward.

(Usual place of abode) If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: Col

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Will Outten

6. DATE OF BIRTH (month, day, and year): not born

7. AGE: about 80 Years | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Housework

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Parksley Va.

FATHER

13. NAME: not born

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME: not born

16. BIRTHPLACE (city or town) (State or country): Accomac Co Va

17. INFORMANT (Address): Richard Holland Marion Md

18. BURIAL, CREMATION, OR REMOVAL Place: Liberia Cemetery Date: 3/31, 1940

19. UNDERTAKER (Address): Geo W. Tilghman Marion Md

20. FILED: 3/30, 1940 Aurelia Hawson Registrar.

## MEDICAL CERTIFICATE OF DEATH

**21. DATE OF DEATH** Mch. (Month) 29 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Mch 1, 1939, to Mch 29, 1940

I last saw her alive on Mch 20, 1940; death is said to have occurred on the date stated above, at 30 m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | |
| Acute Dil of Heart | |

Other Contributory Causes of Importance:

General arteriosclerosis
Chronic nephritis
Chronic Int. nephritis

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of Injury —, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George C. Coulbourn M. D.

(Address) Marion Sta Md.

*If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.*

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a **clerk.**

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Arteriosclerosis* | *1915* |
| *Chronic interstitial nephritis* | *1921* |
| *Cerebral hemorrhage* | *July 5, 1927* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gallstones* | *May 1, 1923* |
| | |
| | |

**Example II**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Attack of epilepsy* | *1 week ago* |
| *Run over by street car* | *1 week ago* |
| *Peritonitis* | *3 days ago* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gastroenteritis* | *1 year* |
| | |
| | |

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

OUTSIDE CORPORATE LIMITS

# STATE OF MARYLAND—CERTIFICATE OF DEATH

03425

**1. PLACE OF DEATH**

County Somerset Registration Dist. No. 270

Village or City Crisfield No Maryland Memorial Hosp. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred dead born yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

**2. FULL NAME** Pusey If U. S. Veteran, specify WAR

(a) Residence: No. Princess Anne Somerset Co. Md. Ward.
(Usual place of abode) If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
|---|---|---|
| Female | White | Infant |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Infant

6. DATE OF BIRTH (month, day, and year) March 15-40

| 7. AGE | Years | Months | Days | If LESS then 1 day, hrs. or min. |
|---|---|---|---|---|

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Dead Born

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) No Hosp. Near Crisfield
(State or country)

FATHER

13. NAME Robert B Pusey Jr.

14. BIRTHPLACE (city or town) Md.
(State or country)

MOTHER

15. MAIDEN NAME Alma Elizabeth Tilt

16. BIRTHPLACE (city or town) Philadelphia Pa
(State or country)

17. INFORMANT Robert B Pusey Jr.
(Address) Princess Anne Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Princess Anne Md. Date March 16, 1940

19. UNDERTAKER Dale Dashiell
(Address) Princess Anne Md.

20. FILED 3/16/1940 C. E. Callahan
Registrar.

## MEDICAL CERTIFICATE OF DEATH

**21. DATE OF DEATH** Mar 15 March 15, 1940
(Month) (Day) (Yeer)

22. I HEREBY CERTIFY, That I attended deceasad from ..., 19..., to ..., 19...

I last saw h... aliva on ..., 19...; death is said to heve occurred on the data stetad above, et ... m.

The **PRINCIPAL CAUSE OF DEATH** and ralated causes of importance were as follows:

| | Date of onset |
|---|---|
| Dead Born baby | |

Other **Contributory Causes** of Importance:

Dysp and Circulation Fetal dom & Prem — Anox

Name of oparation — Date of

Whet test confirmed diagnosis? Wes there an au'opsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicida? Date of injury, 19...

Where did injury occur?
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Natura of injury

24. Was diseasa or injury in any way related to occupation of dacaased?

If so, specify

(Signed) Jerry C. Callahan M. D.

(Address) Marion Md.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

*If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.*

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | |
|---|---|---|---|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| *Arteriosclerosis* | *1915* | *Attack of epilepsy* | *1 week ago* |
| *Chronic interstitial nephritis* | *1921* | *Run over by street car* | *1 week ago* |
| *Cerebral hemorrhage* | *July 5, 1927* | *Peritonitis* | *3 days ago* |
| | | | |
| | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| *Gallstones* | *May 1, 1923* | *Gastroenteritis* | *1 year* |
| | | | |
| | | | |

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92a)

03426

## CERTIFICATE OF DEATH

Reg. Dist. No. 260

**1. PLACE OF DEATH:**

County Somerset

City or town Princess Anne Md. R.F.D.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)

State Maryland County Somerset

City or town Princess Anne R.F.D. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. King Creek.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Robert Riley,

3. (b) Social Security Number none

4. Sex Male

5. Color or race Cal

6. (a) Single, married, widowed, or divorced married.

6 (b) Name of husband or wife Minnie Riley.

6(c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) Nov. 2 1876

8. AGE: Years 63 Months 4 Days 27 It less than one day ____ hrs. ____ min.

9. Birthplace Accomac Co. Va.
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name John Riley.
13. Birthplace Accomac. Va.

MOTHER
14. Maiden name Betsie Drumming.
15. Birthplace Accomac

16. Informant Minnie Riley.

Address Princess Anne R.F.D.

17. burial Date thereof 3/31/40
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Westover Md.

Location Westover Maryland

18. Funeral director William Jones & Son

Address Pinnemans Md

19. 3/30/40 1940 J. S. Smith
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH March 29 1940, at 6.30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 14 1940, to Mar 14 1940, and that I last saw him alive on March 14 1940.

Immediate cause of death Chronic Heart Disease — DURATION 5 yrs.

Due to Hypertension, Aortic insufficiency

Due to Chronic Mycorditis

Other conditions I only saw this man one time, no other Doctor in attendance
(Include pregnancy within 3 months of death)

Major findings:

Of operations none

Of autopsy none

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Ch. Johnson M.D. Deputy State Health Officer M.D. or other

Address Princess Anne Md. Date signed March 30-40

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03427

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(170-a)

## CERTIFICATE OF DEATH

Reg. Dist. No. 761

**1. PLACE OF DEATH:**

County Somerset

City or town Westover

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) all life

**2. USUAL RESIDENCE (HOME) OF DECEASED:**

(For newborn infants give residence of mother)

State Md County Somerset

City or town Kingston Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Wakefield Robinson

3. (b) Social Security Number

4. Sex Male

5. Color or race Colored

6. (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Lola Robinson

6(c) If alive, give age 30+ years

7. Birth date of deceased (mo., day, yr.) Sept. 29, 1899

8. AGE: Years 40 Months 5 Days 17 If less than one day hrs. min.

9. Birthplace Somerset County Md (Town, county, and state)

10. Usual occupation Farm labourer

11. Industry or business

FATHER 12. Name John Robinson

13. Birthplace Maryland

MOTHER 14. Maiden name Henrietta Cornish

15. Birthplace Maryland

16. Informant Christopher Robinson

Address Westover Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 3/19/40 (month) (day) (year)

Cemetery ~~or crematory~~ Kingston Md

Location Kingston Md

18. Funeral director Geo W Tilghman

Address Marion Md

19. 3/19 1940 (Date rec'd by registrar) Purelia B Lawson Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH March 16 1940, at 6.30 P M

21. I CERTIFY that death occurred on the date above stated, that I attended deceased from 19 , to 19 , and that I last saw h alive on 19

Immediate cause of death Broken neck

Due to Collision between train and automobile

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 3/16/40

Where did injury occur? Westover Somerset Maryland (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Highway

Means of injury Injured at work?

23. SIGNATURE Henry M Lankford M.D. M. D. or other

Address Princess Ann Md Date signed 3/17/40

HENRY M. LANKFORD, Deputy Medical Examiner for Somerset County

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully ~~be supplied~~. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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OUTSIDE CORPORATE LIMITS OF

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(94a)

03428

## CERTIFICATE OF DEATH

Reg. Dist. No. 270

**1. PLACE OF DEATH:**
County Somerset County
City or town Crisfield
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)
State Md County Somerset
City or town Crisfield, Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

**3. (a) FULL NAME** Henry E. Sterling.

**3. (b) Social Security Number**

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife Sallie M. Sterling
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 10th 1872

**8. AGE:** Years 67 | Months 7 | Days 9 | If less than one day hrs. min.

9. Birthplace Somerset Co. Md.
(Town, county, and state)

10. Usual occupation Retired Light House Keeper

11. Industry or business —

FATHER
12. Name George B. Sterling
13. Birthplace Md.

MOTHER
14. Maiden name Nancy E. Sterling
15. Birthplace Md.

16. Informant Mrs. Louise Cullin
Address Crisfield, Md.

17. Burial (Burial, cremation, or removal, Which?) Date thereof March 22/40 (month) (day) (year)
Cemetery or crematory Asbury Cemetery
Location Lawsonia near Crisfield

18. Funeral director J. S. Lawson & Son.
Address Crisfield. Md.

19. Mch 20, 1940 (Data rec'd by registrar) C. Ee Collins Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH March 19th 1940, at 6:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 1937, to March 19 1940, and that I last saw him alive on March 19 1940.

| Immediate cause of death | DURATION |
|---|---|
| Chronic myocarditis | 2 yr. |
| Uremia | 2 days |
| Due to Coronary thrombosis | 2 yr 5 mo |
| ? Pyelitis | |
| Due to | |
| Other conditions Influenza | |

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

**PHYSICIAN**
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Carol M. Peyton M.D. M. D. or other
Address Crisfield, Md Date signed Mar 20

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

03429

Reg. Dist. No. 206

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

**1. PLACE OF DEATH:**
County Somerset
City or town Princess Anne
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days) —
Stay in this community (yrs., or mos., or days) —

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)
State Md. County Somerset
City or town Princess Anne. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

**3. (a) FULL NAME** George W. Tilghman

**3. (b) Social Security Number**

4. Sex: Male
5. Color or race: Colored
6. (a) Single, married, widowed, or divorced: Widowed
8 (b) Name of husband or wife: Brunetta Tilghman
6(c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.): 2
8. AGE: Years 95 | Months 2 | Days 2 | If less than one day — hrs. — min.
9. Birthplace: Maryland (Town, county, and state)
10. Usual occupation: Jointer
11. Industry or business:
FATHER 12. Name: George Tilghman
13. Birthplace: Maryland
MOTHER 14. Maiden name: Lettie Collett
15. Birthplace: Maryland
16. Informant: Ella Carr
Address: Princess Anne Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof 4/1/40 (month) (day) (year)
Cemetery or crematory: Johns Wesley
Location: Princess Anne, Md.
18. Funeral director: James I. Dennis
Address: Princess Anne, Md.
19. April 1 1940 (Date rec'd by registrar) T. D. Smith Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH March 29 1940, at 9 A M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1940, to March 29 1940, and that I last saw him alive on March 27 1940

Immediate cause of death: Chronic Myocarditis — DURATION: 1

Due to —

Due to —

Other conditions —

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

**PHYSICIAN**
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Cale of —
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE Harry McSorley Ford M. D. or other
Address Princess Anne Md Date signed 4/1/40

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

WITHIN CORPORATE LIMITS OF

# CERTIFICATE OF DEATH

03430

Reg. Dist. No. 265

**1. PLACE OF DEATH:**
County Somerset
City or town Crisfield
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)
State Maryland County Somerset
City or town Crisfield Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

**3. (a) FULL NAME** George Lester Ward

**3. (b) Social Security Number** None

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| M | W | Married |

6 (b) Name of husband or wife Manie Ward
6(c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) may 22 1871

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 68 | 10 | 1 | hrs. min. |

9. Birthplace Crisfield Somerset Maryland
(Town, county, and state)
10. Usual occupation Machinist
11. Industry or business
FATHER 12. Name Hope Ward
13. Birthplace Crisfield
MOTHER 14. Maiden name India Purnell
15. Birthplace Crisfield
16. Informant John Ward
Address Crisfield Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof March 24 1940 (month) (day) (year)
Cemetery or crematory Crisfield Cem
Location Crisfield Md
18. Funeral director John A Bradshaw
Address Crisfield Md

19. Mar. 23, 1940 (Date rec'd by registrar) C. E. Collins Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH March 22, 1940, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19, to 19, and that I last saw h alive on 19

| Immediate cause of death | Coronary Thrombosis | DURATION |
|---|---|---|
| Due to | Arteriosclerosis | |
| | Hypertension | |
| Due to | | |
| Other conditions | Bronchopneumonia | |

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

**PHYSICIAN**
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE C. E. Somers M. D. or other
Address Crisfield, Md. Date signed 5-30-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

03431

# CERTIFICATE OF DEATH

Reg. Dist. No. 260

**1. PLACE OF DEATH:**
County Somerset
City or town Pr Anne Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)
State Md County Somerset
City or town Pr Anne Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Elizabeth B. Williams
3. (b) Social Security Number

4. Sex Female
5. Color or race Col
6. (a) Single, married, widowed, or divorced Single
6 (b) Name of husband or wife
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Feb 2nd 1940
8. AGE: Years | Months 2 | Days 29 | If less than one day hrs. min.
9. Birthplace Pr. Anne Md (Town, county, and state)
10. Usual occupation
11. Industry or business
FATHER 12. Name Wm Lee Florence
13. Birthplace Florida
MOTHER 14. Maiden name Hellin Williams
15. Birthplace Pr Anne Md
16. Informant Hellin Williams
Address Pr Anne Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof 4/2-40 (month) (day) (year)
Cemetery or crematory Cemetery
Location Pr Anne Md
18. Funeral director Jas I Dennis
Address Pr Anne Md
19. 4/1 1940 (Date rec'd by registrar) T J Smith Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Mch. 31st 1940, at 11 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 ,
and that I last saw h alive on 19 .
Immediate cause of death No D. in attendance
Due to Child had been sick with cold for about a week
Due to Died suddenly - I judge Bronchopneumonia was
Other conditions the cause of death
(Include pregnancy within 3 months of death)
Major findings:
Of operations no
Of autopsy no

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE T J Smith (Med. in attendance) M. D. or other
Address Pr Anne Md Date signed 4/1-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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03432

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (B4)

## CERTIFICATE OF DEATH

Reg. Dist. No. 261

**1. PLACE OF DEATH:**

County Somerset

City or town Westover Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or insf. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 30 yrs.

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)

State Maryland County Somerset

City or town near Westover, Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Daniel P. Yoder

3. (b) Social Security Number

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Leah M. Yoder

6(c) If alive, give age 71 years

7. Birth date of deceased (mo., day, yr.) July 1868

8. AGE: Years 71 Months 7 Days 28 If less than one day ___ hrs. ___ min.

9. Birthplace Allenville, Pa.
(Town, county, and state)

10. Usual occupation

11. Industry or business Farming

FATHER
12. Name Christopher Yoder
13. Birthplace Penna

MOTHER
14. Maiden name Katherine Coffin
15. Birthplace Penna

16. Informant Roy Yoder

Address Westover Md.

17. Burial
(Burial, cremation, or removal. Which?)

Date thereof March 20-1940
(month) (day) (year)

Cemetery ~~or crematory~~ Holly Grove Cemetery

Location near Westover, Md

18. Funeral director Margarette H. Watson

Address Pocomoke City, Md.

19. 3/19 1940 Aurelia B. Lawson
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH Mch 19. 1940, at 1 30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mch 1 1940, to Mch 19. 1940, and that I last saw h— alive on March 16 1940.

Immediate cause of death Uremia.
Acute Dil of Heart

Due to Enlarged Prostate

Due to Chronic Sent nephritis
Chronic myocardite

Other conditions

(Include pregnancy within 8 months of death)

Major findings:

Of operations None

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE George C. Coulbourn M D
M. D. or other

Address Marion Sta Md. Date signed Mch 19, 40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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